

# **DEPARTMENT OF DEFENSE**

## **REPORT TO CONGRESS**



### **DOMESTIC PREPAREDNESS PROGRAM**

**IN THE**

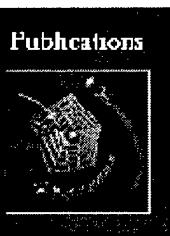
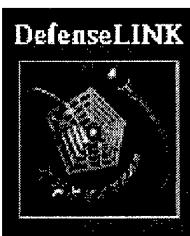
**DEFENSE AGAINST**

**WEAPONS OF MASS DESTRUCTION**

**May 1, 1997**

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[Table of Contents](#)



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**DEPARTMENT OF DEFENSE REPORT TO CONGRESS**  
**Volume I, Domestic Preparedness Program in the Defense Against Weapons of Mass**  
**Destruction**

**Cover**

**Executive Summary**

**1. Introduction**

1.1 Background

1.2 Responsibilities

1.3 Scope of the Report

**2. Types and Characteristics of Chemical/Biological Threats**

**3. Unmet Training, Equipment, and other Requirements**

3.1 Introduction

3.2 Studies

3.2.1 National Governors' Association - September 1996

3.2.2 FEMA - September 1996

3.2.3 FEMA/FBI - January 1997

3.2.4 DoD - February 1997

3.2.5 DoD/DoE - April 1996

3.3 Summary

**4. Chemical/Biological Warfare Information, Expertise & Equipment**

4.1 Information and Expertise

4.2 Equipment

**5. DoD Plan for Assistance in Equipping, Training, and Assisting First Responders.**

5.1 General

5.1.1 Program Intent

5.1.2 Program Scope

5.1.2.1 Preparedness

5.1.2.2 Response

5.1.3 Program Implementation

5.1.3.1 Interagency Approach

5.1.3.2 The Senior Interagency Coordination Group (SICG)

5.1.3.3 Funding

5.2 Programs

5.2.1 Training Programs

5.2.1.1 Training Support to 120 Cities

5.2.1.2 Nationwide Training Support

5.2.2 Hotline/Helpline

5.2.2.1 Hotline

5.2.2.2 Helpline

5.2.3 Expert Advice

5.2.4 Loan of Equipment

5.2.5 Metropolitan Medical Strike Teams (MMST)

5.2.6 Rapid Response Team

5.2.6.1 Concept

5.2.6.1.1 Phase 1/Tier I

5.2.6.1.2 Phase 2/Tier II

5.2.6.1.3 Phase 3/Tier III

5.2.7 Exercises

5.2.7.1 Testing

5.2.7.2 Exercise Approach

5.2.7.3 Exercises

5.2.8 Military Assistance to Civil Law Enforcement Officials

5.2.9 Rapid Response Information System

5.2.9.1 Master Inventory

5.2.9.2 Database on Chemical and Biological Materials

**6. Conclusions**

## ANNEXES

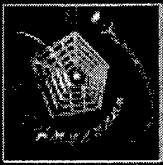
[A - First Responders Performance Objectives Matrix](#)

[B - Acronym List](#)

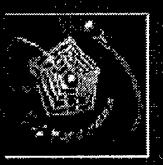
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[Cover](#) | [Next Section](#)

**DefenseLINK**



**Publications**



**DEPARTMENT OF DEFENSE REPORT TO CONGRESS**  
**Volume I, Domestic Preparedness Program in the Defense Against Weapons of Mass Destruction**

## **Executive Summary**

This report summarizes the Department of Defense (DoD) actions as requested by Public Law 104-201, National Defense Authorization Act for Fiscal Year 1997, Title XIV: Defense Against Weapons of Mass Destruction (WMD), Subtitle A: Domestic Preparedness. The Conference Report accompanying Public Law 104-208 Omnibus Consolidated Appropriations Act, 1997, requested DoD to submit a report to Congress by May 1, 1997 on four specific issues: assess the types and characteristics of chemical and biological threats; identify unmet training, equipment and other requirements for first responders; identify chemical/biological warfare information, expertise and equipment that could be adapted to civilian application; and present a detailed plan for DoD assistance in equipping, training and providing other necessary assistance for first responders to such incidents.

A threat assessment has been prepared and is contained in Volume II of this report. It assesses the types and characteristics of chemical and biological threats against U.S. citizens and Government assets in the United States.

Over the past few years, several studies, discussions, workgroups, and focus groups have identified capabilities, specific requirements and shortfalls in requirements that are needed by first responders to meet the threat of a chemical, biological or nuclear terrorist attack. The findings of these studies and workgroups show a common trend in unmet training, equipment, and other resources, such as technical information for first responders.

The DoD is using existing interagency programs as the foundation to build links between these programs and initiatives outlined in Title XIV. These programs include a nationwide training support plan with an initial focus on 27 cities. Modular training courses will then be available to other cities throughout the nation. Through the *Helpline* in non-emergency, and the *Hotline* in emergency situations, first responders will have access to DoD chemical/biological agent/warfare information and technical expertise to enhance their preparedness. Local Metropolitan Medical Strike Teams and their supporting systems are being geographically developed to respond to medical consequence management issues related to NBC terrorism. A Chemical-Biological Quick Response Force has been developed for rapid deployment to detect, neutralize, contain, dismantle, and dispose of Weapons of Mass Destruction (WMD). Operational control of committed response forces will be provided by two geographically located Response Task Forces. Other Federal departments and agencies are enhancing their response capabilities. Lessons learned from completed exercises will be applied to developing exercises/tests to be executed in the next five successive fiscal years to improve the response of Federal, state, and local agencies to emergencies involving WMD incidents.

All programs and initiatives outlined within this report are supported by congressional legislation. The overall success is dependent upon combined cooperation of all Federal agencies participating in efforts related to domestic preparedness for WMD. The key to success, however, is continued funding through the outyears to ensure that all agencies, local, state, regional and Federal, are adequately prepared to respond to a WMD terrorist attack.

[Table of Contents](#) | [Next Section](#)

**DefenseLINK**



**Publications**



**DEPARTMENT OF DEFENSE REPORT TO CONGRESS**  
**Volume I, Domestic Preparedness Program in the Defense Against Weapons of Mass**  
**Destruction**

## **1. Introduction**

This report summarizes the Department of Defense (DoD) actions as requested by Public Law 104-201, National Defense Authorization Act for Fiscal Year 1997, Title XIV: Defense Against Weapons of Mass Destruction (WMD), Subtitle A: Domestic Preparedness. The Conference Report accompanying Public Law 104-208 Omnibus Consolidated Appropriations Act, 1997, requested DoD to submit a report to Congress on four specific issues that are outlined in the Scope of the Report.

### **1.1 Background**

Within the last five years at least eleven states as well as other nations have experienced terrorist incidents. Some of the most widely publicized incidents were the bombing of the World Trade Center in 1993, the chemical terrorist attack on the Tokyo Subway system in 1995, the bombing of the Alfred P. Murrah Federal Building in Oklahoma City in 1995, and the Centennial Park bombing in Atlanta in 1996. With the increasing availability of raw materials and technology from worldwide sources, the potential use of WMD by subversive groups has mounted dramatically. In response to the growing concern of the potential use of WMD in a terrorist attack, Title XIV was established.

### **1.2 Responsibilities**

Under Title XIV, Subtitle A, Domestic Preparedness, responsibilities for oversight and execution are as follows. The Assistant Secretary of Defense (Special Operations/Low Intensity Conflict) has responsibility for policy and resource oversight. The Assistant to The Secretary of Defense (Nuclear, Chemical & Biological Defense Programs) provides resource oversight for equipment procurement. Additionally, in accordance with Section 1413, Title XIV, the Secretary of Defense (SECDEF) designated the Secretary of the Army (SECARMY) to serve as the Executive Agent for the coordination of DoD training assistance to Federal, state, and local officials to better assist them in responding to threats involving chemical and biological weapons or related materials or technologies, including assistance in identifying, neutralizing, dismantling, and disposing of biological and chemical weapons and related materials and technologies. As the Executive Agent, the Secretary is responsible for developing the planning guidance, plans, implementation, and procedures for the Domestic Preparedness Program. The SECARMY subsequently named the Assistant Secretary of the Army (Installations, Logistics and Environment) (ASA(IL&E)) as the focal point for all matters in which the Army has executive agency, and the Director of Military Support (DOMS) as the DoD's staff action agent. In a separate directive, the SECARMY directed the Commander, Army Materiel Command (AMC) to appoint a DoD Program Director. AMC subsequently directed Commander, Chemical Biological Defense Command (CBDOM) to appoint a DoD Program Director with the primary responsibility to implement the basic elements of Title XIV.

The Senior Interagency Coordination Group (SICG) on Terrorism was established to facilitate the interagency coordination of policy issues and program activities in support of Federal initiatives to assist Federal, state, and local first responders in responding to WMD incidents. The SICG is composed of senior members from DoD, the Federal Emergency Management Agency (FEMA), the Federal Bureau of Investigation (FBI), the Public Health Service (PHS), the Environmental Protection Agency (EPA), the Department of Energy (DoE), the Department of Justice (DoJ), the Department of Transportation (DoT), United States Department of Agriculture (USDA), General Services Administration (GSA), and the

National Communications System (NCS).

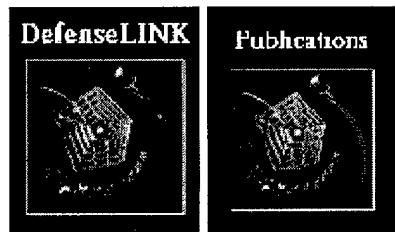
### **1.3 Scope of the Report**

This report responds to four issues outlined by Congress. The report will assess the types and characteristics of chemical and biological threats against the U.S. and the capabilities of civilian agencies to respond to these threats; identify unmet training, equipment, and other requirements of civilian first responders necessary to provide a basic capability to respond to domestic chemical and biological attacks; identify DoD chemical/biological warfare information, expertise and equipment that could be adapted to civilian application to help meet identified requirements; and present a detailed plan for DoD assistance in equipping, training, and providing other necessary assistance for first responders to such incidents.

This report provides information to Congress on the status of the existing programs and initiatives required to enhance Federal, state, and local capabilities to respond to terrorist incidents involving WMD. The overall initiative uses existing Federal agencies' chemical and biological assets and programs as the foundation for its program. The SICG members are building links between participating agencies to develop new programs to ensure that the intent of Congress is met as outlined in Title XIV and subsequent legislation. The DoD initiative is an evolving program. This report will provide information on the status of the individual components of the DoD program and plan. Volume I of this report is unclassified. Volume II provides an assessment which is classified SECRET US ONLY.

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[Table of Contents](#) | [Next Section](#)



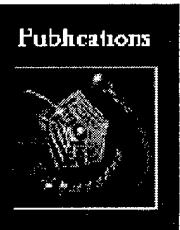
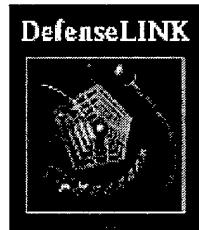
**DEPARTMENT OF DEFENSE REPORT TO CONGRESS**  
**Volume I, Domestic Preparedness Program in the Defense Against Weapons of Mass**  
**Destruction**

**2. Types and Characteristics of Chemical and Biological Threats Against U.S. Citizens and Government Assets in the U.S. and the Capability of Civilian Agencies to Respond to These Threats**

This portion of the Report to Congress is contained in Domestic Preparedness Program, Volume II: *Assessment of the Chemical and Biological Transnational Terrorist Threat in the Continental United States (U)*. The assessment is classified SECRET US ONLY.

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[Table of Contents](#) | [Next Section](#)



**DEPARTMENT OF DEFENSE REPORT TO CONGRESS**  
**Volume I, Domestic Preparedness Program in the Defense Against Weapons of Mass**  
**Destruction**

**3. Unmet Training, Equipment, and Other Requirements of Civilian First Responders  
Necessary to Provide Basic Capability to Respond to a Domestic Chemical or  
Biological Attack**

**3.1 Introduction**

Several Federal agencies have conducted studies and focus group discussions with different local, state, and regional representatives over the past several years in an attempt to determine the needs of first responders in the event of a WMD incident. These studies focused on areas such as plans, capabilities, procedures, training, equipping and response integration at different levels. The findings from several of the studies/discussions are summarized below.

**3.2 Studies**

**3.2.1 National Governors' Association - September 1996**

In September 1996 the National Governors' Association (NGA) conducted a workshop for the NGA's policy advisors with representatives from FEMA, DoD, DoE, EPA, FBI, Department of Health and Human Services (DHHS), and the Department of Veterans Affairs (VA). The workshop sought to 1) identify the nature, impact, and response issues associated with a nuclear, biological or chemical terrorist incident; 2) discuss the adequacy of both Federal and state plans and response capabilities to an incident involving mass casualties; and 3) formulate the next steps for developing a coordinated Federal, state, and local response framework.

In preparation for the workshop, NGA conducted a survey of the 26 participating states to assess the capabilities of these states to respond to and manage the consequences of nuclear, biological, or chemical (NBC) terrorism. These 26 states were chosen because their large urban areas and other factors could make them potential targets for a terrorist incident.

Most states acknowledged they receive satisfactory intelligence about potential terrorist groups operating in their state and could adequately respond to a nuclear terrorist attack due to their planning and training for possible nuclear power plant accidents. However, in the arena of chemical and biological terrorism, the states felt they were not adequately resourced or trained. The NGA findings indicate a need for more information on the types of resources available to combat chemical or biological attacks and indicated a need for Federal assistance in areas of monitoring and detection equipment, technical assistance, manpower, and recovery efforts. FEMA recommended holding regional meetings to review resources and discuss issues of mutual concern between the Federal and state governments.

First responder issues focused on the states' capabilities to respond to an NBC terrorist incident, recognizing that first responders are essentially on their own for the first six to ten hours after an incident has occurred. Participants discussed resources the Federal government could provide and the role of Federal agencies during the early stages of the crisis; leveraging existing capabilities and expertise; improving interaction between emergency management organizations and first responders; acquiring low cost NBC equipment and protective clothing; improving decontamination capabilities; conducting specialized training; and providing opportunities for partnerships with industry to advance current expertise and develop tools and techniques.

Public information issues explained the need to present fully coordinated, timely, and accurate emergency information to the public and the importance of considering the objectives in consequence management versus crisis management.

Law enforcement and intelligence issues centered on the collection, analysis, production, and dissemination of terrorist intelligence information between state and Federal agencies. Participants also addressed public safety issues and agency roles regarding the responsibility for maintaining order and discipline during and after an incident.

Health and medical service issues focused on the states' capabilities and capacities, and the type and quantity of assistance available from the Federal government.

When discussing how the states and Federal agencies could best work together on the issue of NBC terrorism, most states suggested that FEMA should hold regional meetings. To develop a coordinated framework for states and Federal agencies to work together, FEMA proposed the following: imitate the Federal Response Plan (FRP) review process at the state level; host a series of workshops at the regional level; establish a national information clearinghouse; visit/assist each reviewing state; pool Federal and state capabilities data; develop a national plan outlining state and Federal responsibilities, priorities, and approaches to develop/sustain capability; secure state and Federal funding support; and implement a multi-year plan.

### **3.2.2 FEMA - September 1996**

During September 1996 FEMA met with representatives from Boston, MA; Denver, CO; Los Angeles, CA; and Philadelphia, PA. They focused on the capabilities and needs of local government to respond to terrorist incidents involving WMD. Input and feedback from this sampling of U.S. metropolitan areas was intended to provide an indication of the spectrum of nationwide preparedness at the local level. Participants primarily represented emergency response and public health organizations from the respective state and local governments. Policy and subject matter experts included Federal officials from FEMA, the FBI, DHHS, and DoD.

Four concurrent sessions were held to discuss the local response to terrorism scenarios involving NBC incidents tailored to reflect specifics of each city's jurisdiction. A surprising number of common response issues were identified among the four different types of incidents.

Participants believed that local government had the ability to meet normal emergency response needs: performing the firefighting, law enforcement, emergency medical services and rescue tasks they do so effectively on a day-to-day basis. In addition, some personal protective equipment and some hazardous materials response equipment is generally in place at the local level and would be available to respond to a very small WMD incident. However, they identified a critical need for access to information and expert advice as well as training. They also thought that local government was ready, willing and able to do more with the proper training and equipment.

The groups highlighted the need for subject matter experts to be identified and available within the first few hours of an incident. These subject matter experts would provide advice and reference materials describing the hazards, the effects and recommended protective response actions.

Beyond technical experts, personnel resources would be required by local

governments to assist with the potentially massive public impacts of such incidents - whether it be mass casualties or large-scale evacuation. National Guard (NG), state police, and additional fire and emergency medical personnel from outlying municipalities were

noted as probable sources to meet these needs. The cities indicated that in many cases mutual aid agreements were in place to obtain resources from neighboring communities. In other cases, they recognized the need for such agreements and that this was a local responsibility.

The need for hazard-specific procedures was uniformly supported. Local responders do not have enough knowledge of the requirements for response to NBC threats to develop their own procedures. Guidance from state and Federal experts is needed on procedures to monitor, treat, protect and decontaminate after release of NBC contaminants.

Participants highlighted training as a key component in building local, state, and Federal response capabilities. First responders need awareness training specific to NBC hazards so that they could quickly recognize victim symptoms and other characteristics of such an incident which may distinguish them from other hazardous material incidents. Participants also felt that first responders needed training on routes of exposure, means of protection, health effects, treatment and monitoring, and decontamination methods. Training on handling of mass casualties and on the requirements of triage was also highlighted as a need for the emergency medical community.

Multi-jurisdictional exercises were noted by the groups as another critical element of the preparedness program that was currently missing. They felt that local plans and procedures were evaluated on a frequent basis, but that opportunities to test integration and coordination with state and Federal agencies were lacking. The groups encouraged the Federal government to promote more full-scale integrated exercises.

Overall, the group consensus was that the local preparedness for response to WMD terrorist incidents is nominal. To the extent that hazardous material preparedness applies to the NBC arena, some base level exists. However, a great deal of progress remains to be made on resource, planning, and training fronts regarding the unique nature of NBC terrorist incidents.

### **3.2.3 FEMA/FBI - January 1997**

FEMA and FBI submitted a Joint Report to Congress in January 1997. It addressed both crisis management/prevention and consequence management/response activities. This report focused on capabilities and interagency roles and responsibilities to respond to an incident involving WMD. In the assessment summary, the impact of a WMD incident and significant response requirement were recognized.

A NBC terrorist incident may occur as a local event with potentially profound national implications. In responding to a NBC incident, first responders must be able to provide critical resources within minutes to mitigate the effects of the incident. Since the ability of the local government to deal with the immediate effects of an incident is essential to the success of any NBC response, enhancing and maintaining the local capability with trained and adequately equipped responders is a key component of a viable national terrorism response capability.

While the assessment of the FRP and Federal capabilities found some deficiencies, it also identified several current capabilities being expanded to ensure a more viable national level NBC response capability. Current initiatives for supplementing existing plans, enhancing operational response capabilities, and increasing the availability of training are ongoing. These new efforts, coupled with ongoing preparedness efforts, will facilitate a better coordinated and more effective response by local, state, and Federal governments to the consequences of domestic NBC terrorist incidents.

### **3.2.4 DoD - February 1997**

DoD, with the support of other Federal agencies, conducted a series of focus group meetings with first responders during February 1997. The findings and recommendations of the groups formed the basis of a comprehensive set of training performance objectives (Annex A). Based upon the focus group's review, a training course development program was begun to modify existing training courses, and develop programs of instruction and instructional material.

### **3.2.5 DoD/DoE - April 1996**

DoD and DoE, in consultation with FEMA, submitted a report to Congress in 1996 on current plans, resources, and capabilities to respond to a nuclear, radiological, biological, or chemical terrorist attack. The report covered consequence management plans and capabilities. Key points made were, first, there is a fundamental shift from the local or regional level of Federal involvement and decision-making authority to Washington, DC and the SECDEF's personal involvement during a WMD domestic terrorist incident. Second, there are some highly trained personnel available and excellent capabilities in many consequence management organizations to respond to a domestic NBC disaster. Finally, first responders need training, equipment, and supplies, yet there are limited quantities of DoD combat supplies available for NBC contingencies.

The shift in the level of involvement was due to recognizing the mass casualties, physical damage, and potential for civil disorder resulting from a WMD detonation. Simply stated, a terrorist use or potential use of a WMD is considered a vital threat to the national security of the United States.

The interagency community found that including consequence management experts from the very beginning of a crisis management response was absolutely essential for minimizing casualties, reducing public panic, and ensuring a rapid Federal response to state and local communities. The interagency counterterrorism community has also taken steps to include senior policy decision-makers for consequence management in their Washington deliberations on crisis management.

The FRP, involving 28 departments and agencies, provides a framework for response to most natural and manmade domestic civil emergencies. A recently published Terrorism Annex to the FRP, addresses how the various agencies, including DoD, would respond to a domestic NBC disaster. While DoD, DoE and other Federal agencies currently have some very highly trained and well equipped teams available to respond to such an event, NBC response personnel and equipment are limited compared to the potential threat. The Federal response community continues to work together to increase their capabilities but there is still much room for improvement.

This report recognizes that state and local authorities, as first responders, are in need of their own NBC equipment and supplies, and greater access to up-to-date NBC training. DoD has an inventory of combat supplies for NBC contingencies, but in many cases this equipment is not suitable for civilian use during a terrorist incident. Additionally, the use of DoD stockpiles of NBC supplies and materials for domestic emergencies will have a direct adverse impact on military readiness and force protection.

### **3.3 Summary**

DoD has extensively used the findings of these studies and reports to formulate the Domestic Preparedness Program. The specific elements of the program are discussed in Section 5. The ongoing program of activities in FY 97 encompassing planning and guidance development, training and exercises, and capability enhancement involving Federal, state, and local governments will improve the current levels of preparedness and response.

[Table of Contents](#) | [Next Section](#)

**DefenseLINK**



**Publications**



**DEPARTMENT OF DEFENSE REPORT TO CONGRESS**  
**Volume I, Domestic Preparedness Program in the Defense Against Weapons of Mass**  
**Destruction**

**4. DoD Chemical/Biological Warfare Information, Expertise, and Equipment that Could be Adapted to Civilian Applications to Meet Identified Requirements.**

**4.1 Information and Expertise**

DoD and other Federal agencies routinely provide support to first responders at the local, state, and Federal level in the form of expert advice and assistance. A major source of the information comes from a vast knowledge base at CBDCOM and the Medical Research and Materiel Command (MRMC). The Defense Technical Response Group, part of the Naval Explosive Ordnance Disposal (EOD) Technical Division, is a joint-service manager for explosive ordnance disposal. Finally, the 52nd Ordnance Group can be called upon for OD assistance. Specially trained EOD operators in DoD special mission units are the primary experts to be called upon by the FBI for access and device disablement operations involving weapons of mass destruction.

The current process used to identify and link up first responders and technical expertise is somewhat cumbersome. The initiative of establishing a *Helpline* and a *Hotline* focuses on streamlining the process so first responders know how to obtain information in both non-emergency and emergency situations.

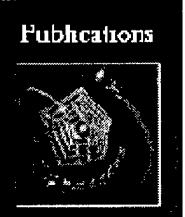
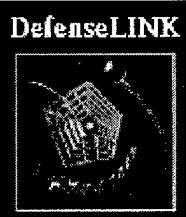
**4.2 Equipment**

An annual report to Congress entitled "Department of Defense Nuclear/Biological/Chemical (NBC) Warfare Defense" submitted as required by Section 1703 of the National Defense Authorization Act for Fiscal Year 1994 documents quantities, characteristics, and capabilities of fielded chemical and biological defense equipment which would be used in an NBC combat scenario. Although DoD does have a program for loaning equipment to civilian agencies, personal protective equipment such as the mask or protective suit, if adapted for civilian use, would require National Institute For Occupational Safety and Health or National Fire Protection Association approval.

Equipment currently used by chemical depot workers is listed in Department of the Army Pam 385-61, Toxic Chemical Agent Safety Standards. However, commercial protective equipment alternatives have been tested and are currently in use at many locations. A program will begin in 4th Quarter of FY 97 to evaluate and test additional commercial protective equipment in a chemical agent environment in order to provide a much larger database on commercially available equipment. The test results will be available for use by the local, state, and Federal agencies as they go through the decision-making process in selecting various items of protective equipment for their use.

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[Table of Contents](#) | [Next Section](#)



**DEPARTMENT OF DEFENSE REPORT TO CONGRESS**  
**Volume I, Domestic Preparedness Program in the Defense Against Weapons of Mass**  
**Destruction**

**5. DoD Plan for Assistance in Equipping, Training, and Providing Other Necessary Assistance for First Responders to Incidents**

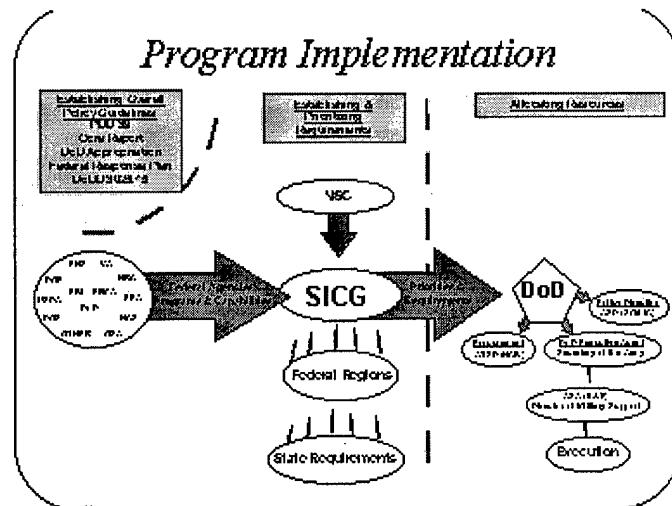
**5.1 General**

**5.1.1 Program Intent**

Under Title XIV, Congress directed a program to enhance the capability of the Federal Government to prevent and respond to terrorist incidents involving weapons of mass destruction, and provide enhanced support to improve the capabilities of state and local emergency response agencies to prevent and respond to such incidents at both the national and the local level. DoD will implement the necessary training and assistance programs, but intends to transition this responsibility to other agencies after FY 1999 as allowed for in Section 1412 of Title XIV.

**5.1.2 Program Scope**

DoD's Domestic Preparedness Program encompasses the nine programs outlined in Title XIV. As shown in Figure 5.1, the program is aimed at improving the preparedness and the responsiveness of first responders and other elements that may support them in a time of crisis.



**Figure 5.1 The Spectrum of Domestic Preparedness Support**

**5.1.2.1 Preparedness**

The training and exercise programs shown in Figure 5.1 are intended to improve the local ability to respond to an incident involving WMD. In almost all cases, the local first responders will be the first on the scene and the actions that they take may significantly affect the overall success of the response. Accordingly, the major portion of the program's effort and funding is directed toward this end. In addition, the availability of Federal-level expert advice, data bases, and inventories will greatly assist planning at all levels.

### **5.1.2.2 Response**

If a WMD incident were to occur, the NG, serving in a Title 32 status, provides the state a readily available asset to augment the first responders. Normally within 12 hours, NG units can be mobilized to their armory and prepare to deploy to an incident site. In all cases, NG plans call for mobilizing and being prepared to deploy within 24 hours.

Additionally, when authorized to do so by statute or regulation, U.S. Army Reserve (USAR) units may also be available to provide prompt support and augmentation to the Chemical/Biological Quick Response Force (CBQRF) and other Federal agencies. However, before USAR units can be deployed to provide such support, the request must be made and approved in accordance with DoD Directive 3025.15, "Military Assistance to Civil Authorities." Both components possess appropriate force structure to respond to a domestic terrorist incident involving WMD. The DoD policy for disaster support and response has established that the inherent command and control, and communications capabilities of a unit is of primary importance in a domestic response mission. The specific technical requirements of a WMD incident are best addressed by a CBQRF with augmentation support by the NG and other Army Reserve Components' force structure that is locally in place or available under the provisions of an Emergency Management Assistance Compact (EMAC).

Under existing agreements such as the EMAC, neighboring states can augment immediate response efforts during times of emergency. Compacts resolve fiscal and legal issues facilitating emergency response across state lines. The 104th Congress ratified EMAC as PL 104-321 in October 1996. To establish an EMAC, states must enact the necessary legislation. Once states pass new legislation to participate in an EMAC and comply with the necessary statutory requirement of submission to Congress for a 60 day review/approval process, no further Congressional action is required for the states to provide mutual support.

Federal support to the local government's consequence management response will be greatly enhanced by fielding the CBQRF and the Public Health Services' specially trained and equipped medical response teams. In addition, the availability of Federal-level expert advice, data bases, and inventories could greatly assist the local response and make the Federal support more responsive.

### **5.1.3 Program Implementation**

#### **5.1.3.1 Interagency Approach**

From the beginning of the program, DoD has sought the active participation of the other Federal agencies. This interagency approach has allowed a comprehensive and interagency Federal approach to meet the needs of local communities. In addition, the synergism of the interagency cooperation has started to meld several Federal programs related to WMD preparedness into a single Federal effort under the direction of the SICG.

#### **5.1.3.2 The Senior Interagency Coordination Group**

The SICG on Terrorism was established to facilitate the interagency coordination of Federal policy issues and program activities in support of Federal consequence management training initiatives concerning terrorist incidents involving WMD. The SICG is chaired by FEMA.

The SICG serves as the interagency policy level forum for identification, discussion, and resolution of issues involving the interagency strategy to provide guidance and training support to Federal, state and local first responders who may be called upon to respond to a terrorist WMD event. The SICG focuses on emergency response training in support of established US Government counterterrorism response procedures as directed by Presidential Decision Directive -39 (PDD-39). This includes coordination with other

Federal agencies of DoD Domestic Preparedness Program activities under Title XIV, in conjunction with local and state governments. Since October 1996, the SICG has met at least monthly with member agencies providing valuable input on the overall direction and focus of the training effort. It is expected that the SICG will continue to provide interagency coordination and assistance to DoD in implementing program activities as long as required.

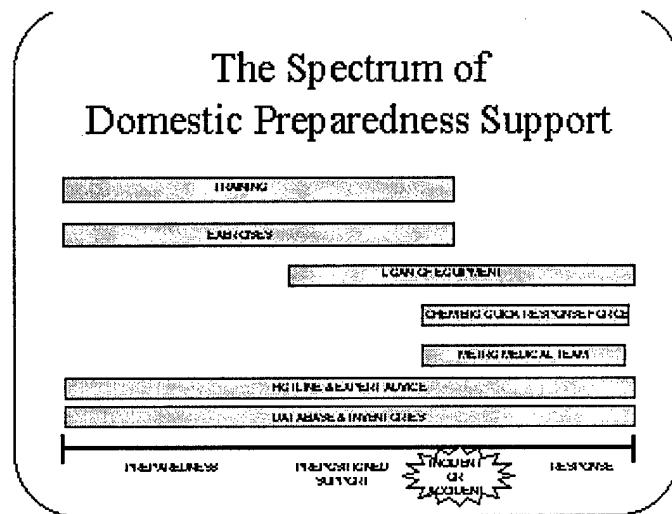


Figure 5.2 Program Implementation

### 5.1.3.3 Funding

Approximately \$52.6 million is provided for the Domestic Preparedness Program during FY97. It is allocated as follows:

- The Emergency Response Assistance Program to include the training, expertise advice, *Hotline* and *Helpline* programs described below: \$16.4 million.
- The development and fielding of the Metropolitan Emergency Medical Response Teams, which is called Metropolitan Mobile Strike Team (MMST) Systems: \$6.6 million.
- The coordination of the NBC response capability to include the development and fielding of the CBQRF described below: \$9.8 million.
- The testing of preparedness for emergencies involving nuclear, radiological, chemical, and biological weapons: \$9.8 million.
- The upgrade of equipment for the Marine Corps' Chemical Biological Incident Response Force (CBIRF), including funds for prepositioned equipment at key domestic locations: \$10 million.

The FY 1998/ FY 1999 President's Budget includes \$49.5 million in FY 1998 and \$52.1 million in FY 1999 to continue to provide emergency response preparedness first responder training and assistance to metropolitan area agencies, and to conduct exercises and preparedness tests in coordination with Federal, State, and local agencies. After

FY 1999, DoD will no longer fund first responder training nor expert assistance, since we plan to transfer these responsibilities to another agency in accordance with Title XIV, Section 1412 provisions. Also, DoD support for exercises and preparedness tests will terminate after FY 2001.

## **5.2 Programs**

### **5.2.1 Training Program**

Section 1412, Title XIV, directs the SECDEF to carry out a program that provides training to civilian personnel of Federal, state, and local agencies. The training program is to include the use, operation, and maintenance of equipment for detecting, monitoring, protecting, and decontaminating. It will also include other aspects regarding emergency responses to the use or threatened use of WMD or related materials. The training support programs outlined below include existing and new programs needed for first responders.

#### **5.2.1.1 Training Support to 120 Cities**

Currently, the Federal government offers various programs to train agencies in responding to a WMD attack. For example, DoE offers 15 training programs to first responders that train them in various aspects of WMD. For instance, DoE offers a course that provides a basic knowledge of nuclear radiation, radiation health effects and medical considerations, and nuclear weapons effects. This course is primarily given to first responders such as physicians, Emergency Medical Technicians and firefighters. They also offer a joint course with the Defense Special Weapons Agency (DSWA) that teaches DoD and the intelligence community professionals how to identify technologies associated with weapons program and roles, and responsibilities and capabilities when responding to threats. The DoD also has provided training courses to first responders. These include first responder training prior to the 1996 Summer Olympics, and a course offered to civilian personnel in Federal, state and local agencies at the US Army Chemical School. The four day course, Chemical-Biological Countermeasures for First Responders, includes one day of live agent training at the Chemical Defense Training Facility. These courses, which have been taught to civilian agencies, are being incorporated into the overall training program.

The DoD Program Director held four focus group meetings during February 1997 to determine core competencies and to develop comprehensive training performance objectives (Annex A). Firefighters, hazardous materials (HAZMAT) handlers, and on-scene incident commanders; emergency medical specialists and doctors; law enforcement officials; and 911 operators and call takers, as well as the appropriate Federal agencies, participated in this effort. In addition, a concurrent effort was initiated to identify existing NBC training modules within DoD and other Federal agencies to fulfill these training needs. Concurrent with the effort to develop the performance objectives and to identify the training modules to support them, the DoD Program Director developed a discussion document to assist local governments assess their level of training against stated performance objectives. The city's self assessment will drive the city's individual training plan.

The proposed training is expected to provide a basic response capability for first responders. In most cases, it will be train-the-trainer type training to be embedded in existing local institutions. As the Federal Domestic Preparedness Program evolves, modifications will be made to the training program as necessary.

Denver, Colorado has been selected as the pilot city for the program. It was selected because of its involvement in the Oklahoma City Bombing Trials and the Summit of 8 Conference in June 1997. An initial meeting was conducted with local and state leaders on March 19, 1997. Within this forum, they were provided an overview of the training and exercise program. First responder training is expected to be conducted prior to the June 20-22, 1997 Summit of 8 Conference. In addition, an integrated exercise will be conducted prior to the Summit of 8 Conference.

Using Denver as the benchmark, self assessments will be conducted by the remaining 26 targeted cities. An April 18, 1997 "Kick-Off" meeting with Mayors, Governors, and other

regional representatives of the 27 target cities and their representative states will provide an overview on the overall training program and self assessments. Also, each city will be given information and material for conducting a self assessment. In addition to Denver being the pilot city, New York City, Los Angeles, Chicago, Houston, the District of Columbia, Philadelphia, San Diego, and Kansas City should begin their training during FY 97. The training program will assess the requirements for the first 27 cities in 1997 and, contingent on funding, has a goal of providing training to 120 cities by the end of 1999.

### **5.2.1.2 Nationwide Training Support**

In addition to the individual training plans designed for selected cities and states, the DoD Program Director is designing low cost training packages which will receive wide dissemination via an inexpensive media (e.g. Internet, etc). This training initiative should make training packages available to state and local agencies as rapidly and inexpensively as possible. The DoD has already produced a CD-ROM in October 1996 entitled "Management of Chemical Warfare Injuries" which provides:

- technical information on chemical warfare agents (i.e., nerve, blister, choking and riot control agents and cyanides)
- self-test for evaluating mastery of key learning objectives
- dramatized scenarios offering opportunities for practicing differential diagnoses of patients
- extensive reference materials.

Another CD-ROM will be available in October 1997 entitled "Medical Management of Biological Casualties" which will provide:

- dual learning tracks (one for medical professionals; e.g., physicians, nurses, and physician assistants, and one for first responders; e.g., military medics, emergency medical technicians, and paramedics)
- physiology of and signs and symptoms of exposure to those biological warfare agents identified by United States Army Medical Research Institute of Infectious Disease (USAMRIID) as posing the greatest threat to military personnel (*bacteria*: anthrax, plague, tularemia, Q fever; *viruses*: smallpox, Venezuelan equine encephalitis, viral hemorrhagic fever; and *toxins*: botulinum toxin, staphylococcal enterotoxin B, ricin, trichothecene mycotoxins)
- self-test for evaluating mastery of key learning objectives
- dramatized scenarios offering opportunities for practicing differential diagnoses of patients
- extensive reference materials.

In addition, DoD expects to publish the performance objectives (Annex A) on the Internet.

The NG's Distance Learning Initiative at the National Interagency Counterdrug Institute (NICI) in California may also be included in the nationwide training support program. NICI is developing a course to train civilians and military leaders on the interagency processes necessary to plan for and coordinate with a joint response to a major terrorist incident. Their intent is to conduct one pilot and three more classes before the end of FY 97. The NG has trained over 6,000 soldiers in 1996 and 1997 via their Distance Learning Initiative.

Another alternative is for the U.S. Army Reserve (USAR) to provide training to first responders through the seven USAR Divisions (Institutional Training) [DIV(IT)]. Organic to each DIV(IT) is a Chemical Training Battalion and a Medical Health Services Brigade. The DIV(IT)s are regionally located throughout the United States in Richmond, VA; Milwaukee, WI; Oklahoma City, OK; Rochester, NY; Louisville, KY; Vancouver, WA; and Charlotte, NC.

### 5.2.2 Chemical/Biological (CB) Hotline/Helpline

#### 5.2.2.1 CB Hotline

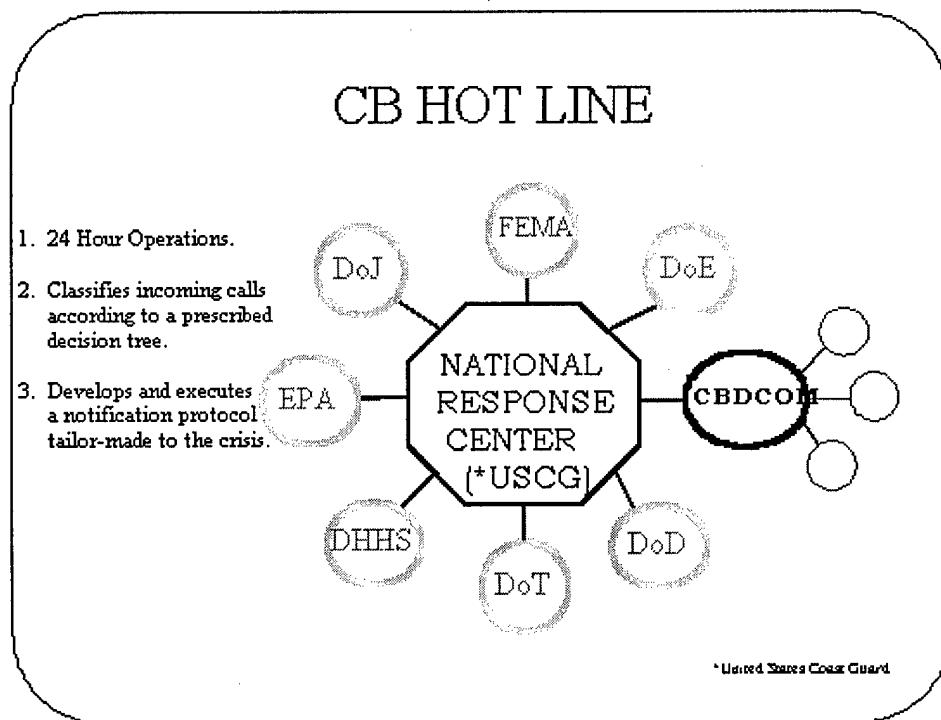


Figure 5.3 CB Hotline

As stated in section 1412, Title XIV, DoD will establish "a designated telephone link to a designated source of relevant data and expert advice for the use of state or local officials responding to emergencies involving WMD or related materials." As depicted in Figure 5.3, DoD will tie into the National Response Center (NRC) to establish access to expert Chemical/Biological (CB) advice and assistance readily available to state and local agencies during emergency situations. To establish the *Hotline*, the existing NRC automated checklist will be modified to include chemical or biological incidents. The NRC will link the caller with personnel from CBDCOM's operations center. The NRC will concurrently notify the designated Federal On-Scene Coordinator/Regional Response Team and other supporting agencies. Access to nuclear expertise in DoE continues to be in place through the DoE's 24 hour emergency operations center.

The NRC, located in Washington DC, is operational 24 hours a day. The NRC personnel scan incident reports and classify them according to a prescribed decision tree. Once the report is classified, the NRC executes the notification process to the prescribed Federal agencies. In the case of a WMD incident, a direct link would be made between NRC, CBDCOM, and U.S. Army Medical Research and Material Command (MRMC), or between NRC and DoE. These agencies would then respond directly to the local, state, or Federal agencies requesting assistance.

To meet the requirements of Section 1412, additional personnel and software will be added

to ensure that expert advice and timely response are given 24 hours a day. The *Hotline* is expected to be operational by July 1997.

### 5.2.2.2 CB Helpline

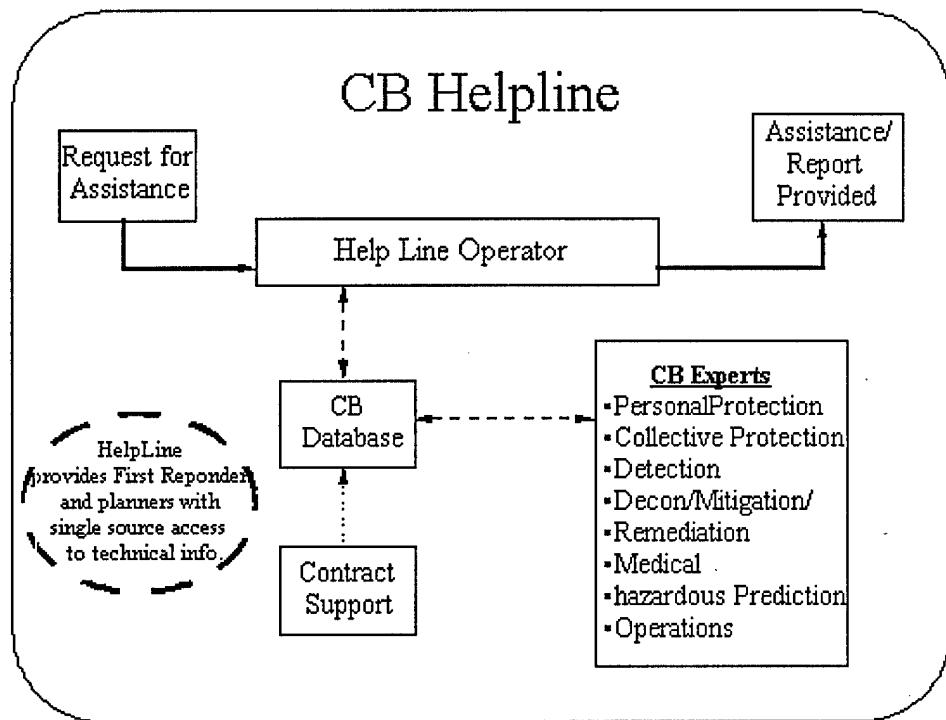


Figure 5.4 CB Helpline

DoD is establishing a Technical Assistance Chemical/Biological (CB) *Helpline* to support Federal, state, and local agencies by assisting them as they prepare for emergencies. The *Helpline* is for non-emergency situations and is a pipeline to the vast knowledge base at CBDCOM and the MRMC. The *Helpline* provides access to technical experts who can advise or assist on a wide variety of subjects, including personal protective equipment, decontamination systems, medical treatment, sources of equipment, symptoms, detectability and detection equipment, organization of responders, and many other technical aspects of CB incident operations. As depicted in Figure 5.4, incoming calls will be checked against the CB database. If not covered by the database, then the calls will be forwarded to the appropriate technical expert. The *Helpline* will provide first responders and planners with single source access to required technical information. This *Helpline* is anticipated to be operational by July 1997.

### 5.2.3 Expert Advice

DoD and other Federal agencies routinely provide expert advice to local, state and other Federal agencies. For instance, DoD's Technical Escort Unit (TEU), working with the EPA, recently provided technical assistance at the Evor-Phillips Superfund Site in New Jersey to safely dispose of buried containers labeled "Poisonous Gas". The DoD will continue these efforts. The DoD intends to expand, and make more readily available, this level of assistance by establishing the CB *Helpline*.

### 5.2.4 Loan of Equipment

DoD may loan "appropriate equipment" upon request. The loan of equipment will be

accomplished under the normal DoD procedures established for Military Assistance to Civil Authorities (MACA), DoD Directive 3025.15. Additionally, by using EMACs states can provide cross-state border assistance without additional Congressional approval.

### **5.2.5 Metropolitan Medical Strike Team (MMST) Systems**

Through the assistance of DoD support in FY 1997, DHHS will be assisting 27 major cities throughout the United States in the initial planning and development of MMSTs and their related MMST systems, the procurement of special antidotes and pharmaceuticals, initiation of necessary special equipment procurements, and training of selected personnel. This will be done through direct contracts with the cities and is expected to be completed within 15 months after contract award. However, DoD intends to provide no funding to support these DHHS teams beyond FY 1997.

The MMST is a highly trained, readily deployable, and fully equipped local response team organized and equipped to address WMD effects on human health. It would have specialized skills, pharmaceuticals, and equipment that would enable it to assist in identifying a WMD agent and initiating victim decontamination, conduct medical triage, and initiate appropriate therapy prior to transportation to emergency and definitive medical care facilities.

Each MMST will operate within a system that not only provides an initial, on-site response, but also provides for safe patient transportation to hospital emergency rooms, provides definitive medical and mental health care to victims of this type of attack and can prepare patients for onward movement to other regions should local health care resources be insufficient to meet the total demand for health services. This complete local WMD health care response system is referred to as an MMST system. Experience with two MMSTs formed to support the 1996 Summer Olympics and 1997 Presidential Inaugural indicates the formation and training of each team could take between six and twelve months.

### **5.2.6 Rapid Response Team**

Section 1414, Title XIV, mandates that the SECDEF "shall develop and maintain at least one domestic terrorism rapid response team composed of members of the Armed Forces and employees of Department of Defense who are capable of aiding Federal, state, and local officials in the detection, neutralization, containment, dismantlement, and disposal of weapons of mass destruction containing chemical, biological, or related materials." The DoD has formed the Response Task Force (RTF) and the CBQRF to fulfill this requirement. This CBQRF would fall under the RTF who is responsible for operational control of DoD response forces, less the Joint Special Operations Task Force. The RTF deploys to support the Federal crisis and consequence management operations in support of the Lead Federal Agency (LFA) during domestic operations.

#### **5.2.6.1 Concept**

Currently there are established procedures for a U.S. Government response to a terrorist incident involving a weapon of mass destruction. Within the United States the Department of Justice, acting through the FBI, has lead responsibility for managing terrorist incidents. The FBI functions as the on-scene manager for the US Government. FEMA, with the support of the agencies within the Federal Response Plan, acts in support of the FBI in Washington, DC and on the scene of the crisis until such time as the Attorney General transfers lead Federal Agency role to FEMA. The Department of Justice and FBI have developed, with interagency concurrence, operational guidelines that further define procedures and responsibilities. DoJ/FBI as LFA may request DoD to deploy the CBQRF to assist under three distinct scenarios: no notice; credible threat; and planned event scenarios.

The no-notice scenario assumes that an agent has been released. FEMA, acting in support of

the DoJ/FBI, will request DoD assistance to manage the consequences of the incident in accordance with established interagency guidelines and DoD Directive 3025.15. DoD will utilize a quick response team to deploy and assess the incident site and coordinate for additional augmentation. Within this scenario, the CBQRF will be deployed upon notification and at the direction of the SECDEF to support the LFA. The number of individuals deployed may vary and the capabilities may change based on the location of the incident, existing assets available to first responders, and proximity of Federal assets.

The credible threat scenario assumes that intelligence sources have indicated a high probability of a known threat and that deployment of a response force is warranted prior to the actual use of a WMD. Within this scenario, the FBI will request WMD EOD and technical assistance from DoD special mission units as defined under DoD plans and interagency guidelines. Those elements will be called upon by the FBI to detect, render safe, and turn over for disposition any rendered safe WMD devices with EOD potential. Upon request from FEMA, acting in support of the FBI, DoD will deploy the CBQRF, whose focus will be the consequence management aspects of the incident. This response will include a command and control element, appropriate forces from TEU, and the US Marine Corps' CBIRF, reinforced as necessary with additional specialized teams for both crisis and consequence management. The task organization for this scenario is directed by the SECDEF, after coordination with the LFA, who will coordinate with local and state official.

The planned event scenario assumes that predetermined WMD response elements will be prepositioned based upon coordination with the LFAs. This scenario is usually associated with special events such as political conventions, inaugurations or large public gatherings of personnel that would be vulnerable to a terrorist incident. The planned event scenario response may include a larger command and control element and will include an additional response team reinforced, if necessary, by trained medical, decontamination, and monitoring teams. The task organization for this response will also be directed by the SECDEF, after coordination with the LFA, who will coordinate with local and state official.

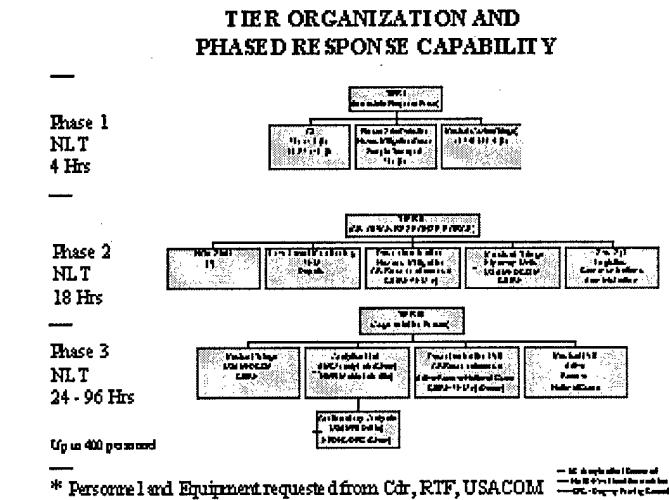
Based on the threat scenario, a three-tiered consequence management organization and response capability will be deployed to augment existing first responders capabilities.

#### **5.2.6.1.1 Phase 1/ Tier I (NLT 4 hours)**

The lead elements of the CBQRF respond to a notification of an incident at the direction of the SECDEF. The team will be on 24 hour alert status and ready to depart within 4 hours after receiving their orders. This small team will have a limited capability to detect, neutralize, contain, dismantle and dispose of a chemical or biological device. Their primary purpose is to assess the situation, and provide advice and assistance to the local officials until the response force arrives. This team will also provide advice to the LFA and local officials on the task organization of the follow-on elements.

#### **5.2.6.1.2 Phase 2/ Tier II (NLT 18 hours)**

The main element of the CBQRF will be ready to deploy within 18 hours after notification. In addition to command and control and liaison elements, the capabilities brought by this force will include decontamination stations, medical triage stations, agent detection, low level agent monitoring, perimeter entry control and support elements which are currently available for deployment. During June 1997 in Denver, DoD plans to validate the headquarters element. The exercise will also test the headquarters' interoperability with other DoD units and Federal agencies, as well as its ability to respond to a WMD incident.



**Figure 5.4 Tiered Consequence Management Response**

#### 5.2.6.1.3 Phase 3/Tier III (NLT 24-96 hours)

Tier III response elements will be specialized units that augment the capabilities of the CBQRF. Configuration of these augmentation units will be driven by the local situation and assets available. For instance, certain DoD laboratories could be called upon to respond with specialized equipment and capabilities. One such laboratory is the AMC Treaty Laboratory that was established to verify compliance with the Chemical Weapons Convention (CWC). It is a ISO 9001 registered quality system that was pre-deployed to support the FBI during the Olympics in Atlanta. The US Army Medical Research Institute of Infectious Diseases (USAMRIID) is capable of deploying an Aeromedical Isolation Team consisting of physicians, nurses, medical assistants and laboratory technicians. These team members are specially trained to provide care for and transport of patients with diseases caused by either biological warfare agents or infectious diseases requiring high containment. Also, Edgewood Research, Development and Engineering Center (ERDEC) maintains a rapidly deployable mobile environmental monitoring and technical assessment system, the Mobile Analytical Response System (MARS). The MARS provides a state-of-the-art analytical assessment of chemical or biological hazards at incident sites. The Naval Medical Research Institute (NMRI), through their Biological Defense Research Program (BDRP), has designed reagents, assays and procedures for agents classically identified as biological threat, as well as non-classical threat agents in environmental and clinical specimens. This program has developed rapid, hand-held screening assays that can be deployed globally. Other units that could be utilized would be Active Army, National Guard and U.S. Army Reserve chemical decontamination and medical units.

#### 5.2.7 Exercises

##### 5.2.7.1 Testing

Section 1415, Title XIV mandates that the SECDEF, in conjunction with the FBI, FEMA, DoE and other Federal agencies, "shall develop and carry out a program for testing and improving the responses of the Federal, state, and local agencies to emergencies involving biological weapons and related materials and emergencies involving chemical weapons and related materials." The program will include exercises to be carried out during five successive fiscal years beginning with fiscal year 1997 and ending with FY 2001.

##### 5.2.7.2 Exercise Approach

Over the last two years, a wide variety of exercises have addressed accidents and incidents involving use of WMD. These include MIRRORED IMAGE, CALYPSO WIND,

CAPITOL REACTION and TERMINAL BREEZE. The ILL WIND series of exercises and DISPLAY SELECT, a nuclear weapons accident exercise, have also provided valuable insights and a baseline for future exercise design. Additionally, there have been over a much longer period classified exercises dealing with WMD terrorism. There is an established interagency Counterterrorism exercise program that has been in existence since the early 1980's. Over the past four years there has been an increased emphasis on WMD terrorism exercises. The Counterterrorism interagency exercises committee is working to integrate various agency exercises to ensure synergism and efficiency. DoD's Program Director is examining how to meet the domestic preparedness program exercise requirements by coordination with the counterterrorism committee and FEMA on the National exercise schedule. The exercise approach is still evolving, given the many exercises already planned by other Federal agencies and state and local governments.

The first component of the exercise program is to train-the-trainers. Then, conduct tabletop exercises that lead to practical or "muddy boots" exercises for first responders. The underlying philosophy is to get the trainer trained and then build upon his/her growing experience base.

The tabletop exercise would test city and state response to chemical or biological weapon incidents. The exercise would involve the local and state responders and would occur immediately after they were trained. A practical exercise for a WMD incident would emphasize city and state response functions unique to WMD incidents with simulation role playing of Federal support. This series of exercises will accomplish the following objectives: 1) Provide immediate feedback to participants; 2) Reinforce training; and 3) Evaluate the effectiveness of training.

A second component of the exercise program will involve conducting systematic preparedness testing in two model cities. The purpose of the test will be to conduct a systematic comprehensive evaluation of available and alternative concepts, procedures, approaches and equipment for responding to a range of terrorist WMD incidents in each city. The results of systematic preparedness testing would be to develop an integrated model or system of procedures, equipment, response approaches that could be applied throughout the nation at the Federal, state, and local levels. This integrated model could then be implemented in the United States to improve domestic preparedness. Results from the program will continually be transitioned to the on-going training program.

The third component of the exercise program will seek to coordinate and integrate the WMD exercises through the interagency exercise program which are already planned by various Federal agencies. By the different Federal agencies participating in each others' exercises and by involving state and local players, response force personnel could capitalize on the training potential of each exercise and gain an additional synergistic effect. In these situations where cross-level participation in exercises would occur, the response force personnel would sharpen their individual skills and be better prepared in the event of a WMD situation.

### **5.2.7.3 Exercises**

Two WMD-related exercises have occurred and two are planned during FY 97.

The exercise CAPITOL REACTION was the first exercise to be conducted since the passage of the Defense Against Weapons of Mass Destruction Act of 1996. It addressed a local-state-Federal response to a potential terrorist use of a WMD during the Inaugural. Overall, CAPITOL REACTION enhanced the interagency cooperation by providing a forum to discuss and resolve interagency policy issues resulting from a crisis and consequence response in support of the Inauguration. Furthermore, it provided the operating parameters for future interagency exercises. It also established a process for interagency communication in the events of an incident. In addition, the FBI sponsored and the DoE

funded and organized a WMD Interagency Support Exercise (WISE) to assist interagency contingency preparation for a nuclear, chemical or biological terrorist incident during the Presidential Inauguration. The WISE included a WMD counterterrorism crisis response tabletop seminar and a field training exercise to rehearse current procedures for nuclear, chemical or biological terrorist incidents.

In May 1997, the interagency community will conduct an Interagency Terrorism Response Awareness Program (I-TRAP) tabletop seminar which will focus on consequence management in response to a WMD incident. Just prior to the Summit of 8 Conference in Denver (June 20-22, 1997), DoD will host a chemical-biological exercise to validate the Headquarters, CBQRF, improve local, state and Federal operational plans and to evaluate the domestic preparedness training provided to the first responders. The interagency community will conduct a tabletop and limited on-the-ground exercise to assist Denver and Colorado in preparing for the Summit of 8 Conference.

### **5.2.8 Military Assistance to Civil Law Enforcement Officials**

The DoD and DoJ are developing statutorily mandated regulations for DoD to support the DoJ during emergency situations involving NBC weapons. These regulations are based upon draft interagency guidelines implementing PDD-39 as well as agreed upon DoJ-DoD procedures used for the 1996 Summer Olympics and Presidential Inaugural. These regulations would apply to those situations where technical assistance is requested by the Attorney General in emergencies involving biological weapons, chemical weapons, nuclear material, or nuclear byproduct material. The DoD and DoJ have developed a draft which should be completed, coordinated, and approved this summer. The intent is to make these regulations an appendix to DoD Directive 3025.15, "Military Assistance to Civil Authorities," and then examine the best method to disseminate these regulations to appropriate Federal agencies.

### **5.2.9 Rapid Response Information System**

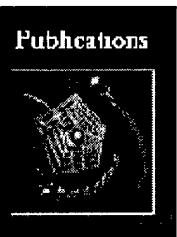
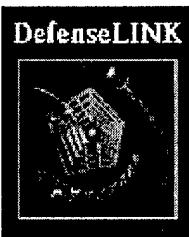
The components required by section 1417, Title XIV, that form the Rapid Response Information System are covered below.

#### **5.2.9.1 Master Inventory**

The FEMA is currently compiling a master inventory which will contain information on physical equipment and assets owned by each of the FRP agencies that could be made available for use to aid state and local officials in emergency situations involving WMD. The master inventory will include assets associated with search and rescue, detection and analysis, personnel protection, medical treatment, monitoring and decontamination. The compilation of the master inventory is scheduled to be completed by December 31, 1997.

#### **5.2.9.2 Database on Chemical and Biological Materials**

The FEMA, with the support of DoD and other agencies, is preparing a database which will provide a source of information on chemical and biological agents, munitions characteristics and safety precautions for civilian use. DoD is supporting FEMA in the development of the database by providing technical expertise needed to prepare the database. Officials from DoD and FEMA are determining the design and specific information that will be included on the database. The initial design and compilation of the database will be completed not later than December 31, 1997, and updated annually thereafter.



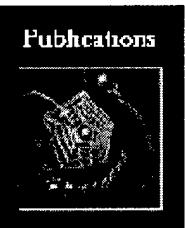
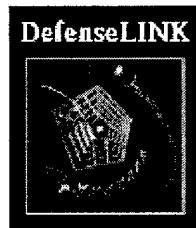
**DEPARTMENT OF DEFENSE REPORT TO CONGRESS**  
**Volume I, Domestic Preparedness Program in the Defense Against Weapons of Mass**  
**Destruction**

## **6.0 Conclusions**

This report reflects the programs that are ongoing or planned in order to improve the domestic preparedness in response to WMD incidents. Provided adequate Congressional funding in the out-years is available, DoD and the interagency community will continue to provide direct training to 120 cities over the next several years. DoD will continue to provide nationwide training and support to local, state and other Federal agencies to ensure that first responders as well as supporting agencies are prepared to react in the event of an emergency involving WMD.

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[Table of Contents](#) | [Next Section](#)



**DEPARTMENT OF DEFENSE REPORT TO CONGRESS**  
**Volume I, Domestic Preparedness Program in the Defense Against Weapons of Mass Destruction**

ANNEX A (First Responders Performance Objectives) to the Domestic Preparedness Program in the Defense Against Weapons of Mass Destruction

**Performance Objectives Matrix**

|   |           | Performance Requirements  |   |                                    |  |                            |
|---|-----------|---|---|------------------------------------|--|----------------------------|
| Competency Level  |           | Awareness   |   | Operations                         | Technician/<br>Specialist  | Inc<br>Co                  |
|   |           | Employees   | Responders  |                                    |  |                            |
| Examples  |           | Facility workers, hospital support personnel, janitors, security guards | Initial firefighters, police officers, HAZMAT personnel on scene: 911 operators/dispatchers | Incident response teams, EMS basic | Incident response team specialists, technicians, EMS advanced, and medical specialists | Incide Com                 |
| Areas of Competency   | Ref       |   |   |                                    |  |                            |
| 1. Know the potential for terrorist use of NBC weapons:<br><br>- what nuclear/biological/chemical(NBC) weapons substances are,<br>- their hazards, and risks associated with them,<br>- likely locations for their use,<br>- the potential outcomes of their use by terrorists.<br>- indicators of possible criminal or terrorist activity involving such agents,<br>- behavior of NBC agents | C,F,M,m,G | o<br>o<br>o<br>o  | •<br>•<br>•<br>•  | •<br>•<br>•<br>•                   | •<br>•<br>•<br>•   | •<br>♦<br>•<br>•<br>•<br>♦ |
| 2. Know the indicators, signs and symptoms for exposure to NBC agents, and identify the agents from signs and symptoms, if possible.  | C,F,M,m   | o   | •   | •                                  | ♦  |                            |
| 2a. Knowledge of questions to ask caller to elicit critical information regarding an NBC incident.  | G,m       |   | •<br>(911 only)   |                                    |  |                            |
| 2b. Recognize unusual trends which may indicate an NBC incident.  | G,m       |   | •   | •                                  | ♦  |                            |
| 3. Understand relevant NBC response plans and SOPs and your role in them.   | C,F,M,m   | o   | •   | •                                  | •  |                            |

| 4. Recognize and communicate the need for additional resources during a NBC incident.   | C,m,G   | o                | *               | *          | *            | *           |                           |
|---|---------|------------------|-----------------|------------|--------------|-------------|---------------------------|
| 5. Make proper notification and communicate the NBC hazard.   | C,F,M,m | o                | *               | *          | *            | *           |                           |
| 6. Understand:<br><br>- NBC agent terms<br><br>- NBC toxicology terms.  | C,F,m   | o                | *               | *          | *            | *           |                           |
|   |         |                  |                 |            | (EMS-B only) |             |                           |
| 7. Individual protection at a NBC incident<br><br>- Use self-protection measures<br><br>- Properly use assigned NBC protective equipment<br><br>- Select and use proper protective equipment. | C,F,M,m | o                | *               | *          | *            | ♦<br>♦<br>♦ |                           |
| Areas of Competency   |         | Competency Level |                 | Awareness  |              | Operations  | Technician/<br>Specialist |
|   |         | Employees        |                 | Responders |              |             | Inc<br>Co                 |
| 8. Know protective measures, and how to initiate actions to protect others and safeguard property in an NBC incident.   | F,M     | o                | *               | *          | *            | *           |                           |
| 8a. Know measures for evacuation of personnel in a downwind hazard area for an NBC incident.  | M,G     |                  | *               | *          | *            |             |                           |
| 9. CB decontamination procedures for self, victims, site/equipment and mass casualties:<br><br>- Understand & implement<br><br>- Determine  | C,F,M,m | o self           | *               | *          | *            | ♦<br>♦      |                           |
| 10. Know crime scene and evidence preservation at an NBC incident.  | F,M,m   | o                | *               | *          | *            | *           |                           |
|   |         |                  | (except 911)    |            |              |             |                           |
| 10a. Know procedures and safety precautions for collecting legal evidence at an NBC incident.   | F,G,m   |                  | *               | *          | *            | ♦           |                           |
| 11. Know Federal and other support infrastructure and how to access in an NBC incident.   | C,F,M,m |                  | o<br>(911 only) | o          |              | *           |                           |
| 12. Understand the risks of operating in protective clothing when used at a NBC incident.   | C,F,m   |                  | o               | *          |              | *           |                           |
| 13. Understand emergency and first aid procedures for exposure to NBC agents, and principles of triage.   | F,M     |                  | o               | *          |              | ♦           |                           |

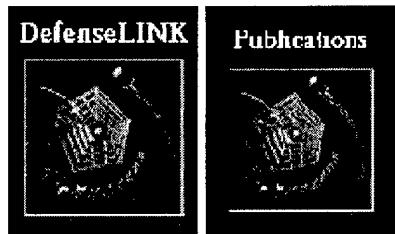
|   |         |           |            |                     |                           |          |
|---|---------|-----------|------------|---------------------|---------------------------|----------|
| 14. Know how to perform hazard and risk assessment for NBC agents.  | C,F,M,m |           |            | •                   | ♦                         |          |
| 15. Understand termination/all clear procedures for a NBC incident  | C,F,m   |           |            | •                   | •                         |          |
| 16. Incident Command System/Incident Management System<br><br>- Function within role in NBC incident<br><br>- Implement for NBC incident  | C,F,M   |           |            | •                   | •                         |          |
| 17. Know how to perform NBC contamination control and containment operations, including for fatalities.   | C,F,M,m |           |            | •                   | ♦                         |          |
| 17a. Understand procedures and equipment for safe transport of contaminated items.  | G,m     |           |            | •                   | ♦                         |          |
| 18. Know the classification, detection, identification and verification of NBC materials using field survey instruments and equipment, and methods for collection of solid, liquid and gas samples. | C,F,M,m |           |            | o                   | ♦                         |          |
|   |         | Awareness |            | Operations          | Technician/<br>Specialist | In<br>Co |
|   |         | Employees | Responders |                     |                           |          |
| 19. Know safe patient extraction and NBC antidote administration.   | F,m     |           |            | •<br>(medical only) | ♦<br>(medical only)       |          |
| 20. Know patient assessment and emergency medical treatment in NBC incident.  | M,m,G   |           |            | •<br>(medical only) | ♦<br>(medical only)       |          |
| 21. Be familiar with NBC related Public Health & Local EMS Issues.  | G       |           |            | •<br>(medical only) | •<br>(medical only)       |          |
| 22. Know procedures for patient transport following NBC incident.   | F,G     |           |            | •<br>(medical only) | •<br>(medical only)       |          |
| 23. Execute NBC triage and primary care.  | G       |           |            | •<br>(medical only) | ♦<br>(medical only)       |          |
| 24. Know laboratory identification and diagnosis for biological agents.   | G       |           |            |                     | ♦<br>(medical only)       |          |
| 25. Have the ability to develop a site safety plan and control plan for a NBC incident.   | C,F     |           |            |                     | ♦                         |          |
| 26. Have ability to develop NBC response plan and conduct exercise of response.   | G,m     |           |            |                     |                           |          |

*Legend for references:*

C- 29 CFR 1910.120 (OSHA Hazardous Waste Operations and Emergency Response)  
M- Macro objectives developed by a training subgroup of the Senior Interagency Coordinating Group  
m- Micro objectives developed by CBDCOM  
G- Focus Group workshop  
F- NFPA Standard 472(Professional Competence of Responders to Hazardous Materials Incidents) and/or NFPA Standard 473 (Competencies for EMS Personnel Responding to Hazardous Materials Incidents.

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[Table of Contents](#) | [Next Section](#)



**DEPARTMENT OF DEFENSE REPORT TO CONGRESS**  
**Volume I, Domestic Preparedness Program in the Defense Against Weapons of Mass Destruction**

ANNEX B (Acronym List) to the Domestic Preparedness Program in the Defense Against Weapons of Mass Destruction

|                       |  |
|-----------------------|--|
| <b>AMC</b>            | Army Materiel Command  |
| <b>ASA (IL&amp;E)</b> | Assistant Secretary of the Army (Installation, Logistics, & Environment) |
| <b>BDRP</b>           | Biological Defense Research Program                                      |
| <b>CB</b>             | Chemical Biological  |
| <b>CBDCOM</b>         | Chemical Biological Defense Command                                      |
| <b>CBIRF</b>          | Chemical Biological Initial Response Force                               |
| <b>CBQRF</b>          | Chemical Biological Quick Response Force                                 |
| <b>CDC</b>            | Centers for Disease Control  |
| <b>CWC</b>            | Chemical Weapons Convention  |
| <b>DIA</b>            | Defense Intelligence Agency  |
| <b>DoE</b>            | Department of Energy   |
| <b>DoJ</b>            | Department of Justice  |
| <b>DoT</b>            | Department of Transportation   |
| <b>DOMS</b>           | Director of Military Support   |
| <b>DSWA</b>           | Defense Special Weapons Agency   |
| <b>EOD</b>            | Explosive Ordnance Disposal  |
| <b>EPA</b>            | Environmental Protection Agency  |
| <b>ERDEC</b>          | Edgewood Research, Development and Engineering Center                    |
| <b>FBI</b>            | Federal Bureau of Investigation  |
| <b>FEMA</b>           | Federal Emergency Management Agency                                      |
| <b>FRP</b>            | Federal Response Plan  |
| <b>GSA</b>            | General Services Administration  |
| <b>HAZMAT</b>         | Hazardous Materials  |
| <b>HQDA</b>           | Headquarters Department of the Army                                      |
| <b>I-TRAP</b>         | Interagency Terrorism Response Awareness Program                         |
| <b>LFA</b>            | Lead Federal Agency  |
| <b>MARS</b>           | Mobil Analytical Response System   |
| <b>MMST System</b>    | Metropolitan Medical Strike Team System                                  |
| <b>MRMC</b>           | Medical Research and Materiel Command                                    |
| <b>MSCA</b>           | Military Support to Civilian Authorities                                 |
| <b>NBC</b>            | Nuclear Biological Chemical  |
| <b>NCS</b>            | National Communications System   |
| <b>NG</b>             | National Guard   |
| <b>NGA</b>            | National Governors' Association  |
| <b>NGB</b>            | National Guard Bureau  |

|                 |   |
|-----------------|---|
| <b>NICI</b>     | National Interagency Counterdrug Institute                          |
| <b>NMRI</b>     | Naval Medical Research Institute                                    |
| <b>NRC</b>      | National Response Center  |
| <b>OD</b>       | Ordnance Disposal   |
| <b>PHS</b>      | Public Health Services  |
| <b>RC</b>       | Reserve Component   |
| <b>SECARMY</b>  | Secretary of the Army   |
| <b>SECDEF</b>   | Secretary of Defense  |
| <b>SICG</b>     | Senior Interagency Coordination Group                               |
| <b>TEU</b>      | Technical Escort Unit   |
| <b>USAMRIID</b> | United States Army Medical Research Institute of Infectious Disease |
| <b>USCG</b>     | United States Coast Guard   |
| <b>USDA</b>     | United States Department of Agriculture                             |
| <b>VA</b>       | Department of Veterans Affairs                                      |
| <b>WMD</b>      | Weapons of Mass Destruction   |
| <b>WISE</b>     | WMD Interagency Support Exercise                                    |

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#### Table of Contents

